

2001 UNIFORM BUSINESS REPORT (UBR)

1/29

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-29-2001 90141 037 ***150.00

DOCUMENT # P00000023107

1. Entity Name

NJAS ENTERPRISES, INC.

Principal Place of Business

1130 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Mailing Address

1130 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

2. Principal Place of Business

686 SW Bayshore Blvd

Suite, Apt. #, etc.

3. Mailing Address

686 SW Bayshore Blvd

Suite, Apt. #, etc.

City & State

Port St Lucie FL

Zip

34983

Country

City & State

Port St Lucie FL

Zip

34983

Country

4. FEI Number

65-0984154

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, NEIL
2431 SE CALIGULA AVE.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00****After MAY-1, 2001: Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	OWNER - PRES	☐ Delete
NAME	NEIL JENNINGS	
STREET ADDRESS	686 SW BAYSHORE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/01

561-343-8114

Date

Daytime Phone #

CR2E034 (10/00)